



Confidential Student Information and Emergency Contact Form 2020-2021 School Year

Child's Full Name _____ DOB: _____

Child is called _____

Previous school _____ Dates _____ #days/week _____

Contacts

Parent/Guardian #1 Name _____

Employer _____ Occupation _____

Parent/Guardian #2 Name _____

Employer _____ Occupation _____

(If parents are separated or divorced, please provide pertinent custody arrangements to Director.)

Designated individuals authorized to pick up child in case of emergency closing or illness:

Caregiver Name _____ Cell Phone (____) _____

Additional Contact _____ Cell Phone (____) _____

Please list one contact person outside the DC area:

Name _____ Cell Phone (____) _____

Health & Development

Does your child have a diagnosed allergy or medical condition that requires medication or treatment at school? Yes No If Yes, you must submit **DC Medication and Medical Procedure Treatment Plan** and for food allergies also submit **DC Action Plan for Anaphylaxis**.

Is your child currently being treated for a chronic illness or condition that the school should be aware of?

Was your child delivered full term? _____ If not, how many weeks gestation at birth? _____

Describe anything unusual in the first year of development that we should be aware of (early illness, hospitalizations, etc.) _____

Does your child have any speech or motor delays? _____

If yes, is your child working with a therapist? _____



Home Environment

Siblings:	Name	Age	Gender
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Pets at home _____

Languages spoken at home _____

Sleep: Times and lengths of naps _____
Comments _____

Nutrition: Favorite foods _____
Aversions _____

Toileting: Is your child toilet trained? _____
Does your child need adult assistance? _____
Comments _____

Play: Does your child prefer to play alone, with adults, or with other children? _____

Favorite toys _____
Favorite books _____

Behavior: Does your child have temper tantrums? _____

How is your child best soothed when upset? _____

Parent Signature _____ Date _____